

**Sam D. Heaton** *Fire Chief*

**Randy Crider** *Deputy Fire Chief*

**Jimmy Taylor** *Deputy Fire Chief*

1595 County Services Pkwy.

Marietta, GA 30008-4021

[www.cobbfire.org](http://www.cobbfire.org)



**Cobb County Fire & Emergency Services**

**Tom Simler** *Fire Marshal*

[tom.simler@cobbcounty.org](mailto:tom.simler@cobbcounty.org)

**Jay Westbrook** *Deputy Fire Marshal*

[jay.westbrook@cobbcounty.org](mailto:jay.westbrook@cobbcounty.org)

phone: (770) 528-8310 • fax: (770) 528-8320

## Owner's Information Certificate

Name/ Address of property to be protected with sprinkler protection:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Existing or planned construction is:

- ☐ Fire resistive or noncombustible
- ☐ Wood frame or ordinary (masonry walls with wood beams)
- ☐ Unknown

Is the system installation intended for one of the following special occupancies:

- |                                 |                              |                             |
|---------------------------------|------------------------------|-----------------------------|
| Aircraft hangar                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fixed guideway transit system   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Race track stable               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Marine terminal, pier, or wharf | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Airport terminal                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Aircraft engine test facility   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Power plant                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Water-cooling tower             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "yes" the appropriate NFPA standard should be referenced for sprinkler density/area criteria.

Indicate whether any of the following special materials are intended to be present:

- |                                       |                              |                             |
|---------------------------------------|------------------------------|-----------------------------|
| Flammable or combustible liquids      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Aerosol products                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nitrate film                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pyroxylin plastic                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Compressed or liquefied gas cylinders | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Liquid or solid oxidizers             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Organic peroxide formulations         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Idle pallets                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "yes" describe type, location, arrangement, and intended maximum quantities.

---

---

---

Indicate whether the protection is intended for one of the following specialized occupancies or areas:

Spray area or mixing room	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Solvent extraction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Laboratory using chemicals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Oxygen-fuel gas system for welding or cutting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Acetylene cylinder charging	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Production or use of compressed or liquefied gases	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Commercial cooking operation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Class A hyperbaric chamber	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cleanroom	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Incinerator or waste handling system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Linen handling system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Industrial furnace	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Water-cooling tower	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to any of the above is "yes" describe type, location, arrangement, and intended maximum quantities.

---

---

Will there be any storage of products over 12 ft. (3.6m) in height?

☐ Yes ☐ No

If the answer is "yes" describe product, intended storage arrangement, and height.

---

---

---

I certify that I have knowledge of the intended use of the property and that the above information is correct.

Signature of owner's representative or agent: \_\_\_\_\_

Date: \_\_\_\_\_

Name of owner's representative or agent completing certificate (print): \_\_\_\_\_

Relationship and firm of agent (print): \_\_\_\_\_

\* The above document was copied from NFPA 13 Figure A.14.1 (b)